

## Special Education Support Service: Information on Attention Deficit/Hyperactivity Disorder

**Introductory Note:** The use of medication, in particular Ritalin, to treat AD/HD, has been the subject of countless studies, claims and suggestions. Other factors such as diet and certain food additives have also been connected with AD/HD. This worksheet does not focus on the potential medical benefits or concerns related to AD/HD, but rather on the teaching strategies that may be deployed to help the student with AD/HD. For more information on the medical debate, try a search on the Internet e.g. 'ADHD treatments'.

### **Definition:**

**Note:** AD/HD is one of the disorders included in the category of Emotional Disturbance and/or Behavioural Problems recognised by the Department of Education and Science.

#### **1. From Circular 08/02: Emotional Disturbance and/or Behavioural Problems**

*Such children are being treated by a psychiatrist or psychologist for conditions such as neurosis, childhood psychosis, hyperactivity, attention deficit disorder, attention deficit hyperactivity disorder and conduct disorders.*

***This category is not intended to include children whose conduct or behavioural difficulties are being adequately dealt with in accordance with agreed procedures on discipline.***

#### **2. From Report of the Special Education Review Committee<sup>1</sup> (1993):**

*Emotional and/or behavioural disorder can be defined as an abnormality of behaviour, emotions or relationships sufficiently marked and prolonged to cause handicap in the individual pupil, and/or serious distress or disturbance in the family, the school or the community*

<sup>1</sup> The Special Education Review Committee was established by the Minister for Education in August 1991 and was chaired by Mr. Declan Brennan.

## **Characteristics:**

Many of the characteristics of someone with ADD / ADHD are inherent in the DSM-IV definition, (see Appendix 1) of which there are three sub-categories. A person may show signs of being predominantly inattentive, predominantly hyperactive / impulsive, or a combination of both.

In terms of **inattention**, a student would present with at least **six** of the following for at least 6 months, to a degree that is maladaptive and inconsistent with developmental level:

- (a) often fails to give close attention to details or makes careless mistakes in schoolwork or other activities;
- (b) often has difficulty sustaining attention in tasks or play activities;
- (c) often does not seem to listen when spoken to directly;
- (d) often does not follow through on instructions and fails to finish school work;
- (e) often has difficulty organizing tasks and activities;
- (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort;
- (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books);
- (h) is often easily distracted by extraneous stimuli;
- (i) is often forgetful in daily activities.

In terms of **hyperactivity / impulsivity**, a student would present with at least **six** of the following for at least 6 months, to a degree that is maladaptive and inconsistent with developmental level:

- (a) often fidgets with hands or feet or squirms in seat;
- (b) often leaves seat in classroom or in other situations in which remaining seated is expected;
- (c) often runs about or climbs excessively in situations in which it is inappropriate;
- (d) often has difficulty playing or engaging in leisure activities quietly;
- (e) is often "on the go" or often acts as if "driven by a motor";
- (f) often talks excessively - *the above 6 relate to hyperactivity*;
- (g) often blurts out answers before questions have been completed;
- (h) often has difficulty awaiting turn;
- (i) often interrupts or intrudes on others (e.g., butts into conversations) - *these 3 are related to impulsivity*.

These characteristics are usually present before the age of seven, are observable in at least two different settings, and cause significant impairment in social, academic or occupational functioning.

It has also been claimed that *"as many as two-thirds of clinically referred children with ADHD have additional problems. 30-50% will have conduct disorder (CD), and 20-25% will have anxiety problems. Generally 20-30% of ADHD children also have learning problems and as many as 30% have delayed motor development<sup>2</sup>."*

It is also worth noting that, in common with many disorders, there is a much higher prevalence of AD/HD amongst boys than amongst girls.

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<sup>2</sup> From <http://www.adhd.org.nz/define1.html>

## **What can I do as a teacher?**

Amongst the strategies suggested to help a student with AD/HD in your classroom are the following<sup>3</sup>:

- Provide supervision and discipline:
  - Monitor behaviour frequently and immediately direct the student to an appropriate behaviour.
  - Enforce classroom rules consistently.
  - Avoid ridicule and criticism - students with AD/HD have difficulty staying in control.
- Provide encouragement:
  - Reward more than you punish.
  - Immediately praise any and all good behaviour and performance.
  - Change rewards if they are not effective in motivating behavioural change.
- Reduce the amount of materials present during activities by having the student put away unnecessary items. Have a special place for tools, materials, and books.
- Try to be patient with an AD/HD student.
- Seat students with AD/HD in the front near the teacher with their backs to the rest of the class.
- Surround students with AD/HD with good peer models, preferably students whom the AD/HD student views as significant peers.
- Encourage peer tutoring and cooperative/collaborative learning.
- Avoid all distracting stimuli. Try not to place students with AD/HD near air conditioners, high traffic areas, heaters, doors, windows, etc.
- Have pre-established consequences for misbehaviours, remain calm, state the infraction of the rule, and avoid debating or arguing with the student.
- Avoid publicly reminding students on medication to "take their medicine."
- Maintain eye contact during verbal instructions.
- Make directions clear and concise. Be consistent with all daily instructions.
- Repeat instructions in a calm, positive manner.
- When you ask an AD/HD student a question, first say the student's name and then pause for a few seconds as a signal for him/her to pay attention.
- AD/HD students may need both verbal and visual directions. You can do this by providing the student with a model of what he/she should be doing.
- You can give an AD/HD student confidence by starting each assignment with a few questions or activities you know the student can successfully accomplish.
- Develop an IEP - identifying each student's individual strengths and specific learning needs, design a plan for using those strengths to improve students' academic and social performance.
- Gradually reduce the amount of assistance, but keep in mind that these students will need more help for a longer period of time than the student without a disability.
- Use a daily assignment notebook / homework journal. Teacher and parent sign the notebook daily to signify completion of homework assignments. Use the notebook to communicate daily with parents.

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<sup>3</sup> These strategies are adapted from material accessed on <http://www.as.wvu.edu/~scidis/add.html>

- Make sure all students comprehend the instructions before beginning their tasks (the AD/HD student will probably need extra assistance).
- Simplify complex directions. Avoid multiple commands.
- Help the students feel comfortable with seeking assistance (most students with AD/HD will not ask for help).
- Assign only one task at a time.
- Modify assignments as needed for the AD/HD student.
- Give extra time for certain tasks. Students with AD/HD may work slowly.

Westwood (2003) notes that the principles of effective teaching apply particularly to the education of children with AD/HD. He describes effective teachers as those that:

- Have well-managed classrooms;
- Provide students with the maximum opportunity to learn;
- Maintain an academic focus;
- Have high expectations of what students can achieve;
- Adopt a style that is business-like and work-oriented;
- Show enthusiasm;
- Use strategies to keep students on task, motivated and productive;
- Impose structure on the content to be covered;
- Present new material in a step-by-step manner;
- Employ direct and explicit instructional procedures;
- Use clear instructions and explanations;
- Model to demonstrate effective ways of completing a task;
- Monitor closely what students are doing;
- Apply high rates of questioning to involve students and to check for understanding;
- Adjust instruction to individual needs, and re-teach when necessary;
- Provide frequent feedback to students;
- Use a variety of resources;
- Spend significant amounts of time in interactive, whole-class teaching;
- Carefully control and sequence the curriculum content;
- Provide abundant opportunities for practice.

He also suggests that the following will enhance the learning of students with AD/HD:

- Provide lessons with strong visual input to hold attention;
- Use computer-assisted learning;
- Teach the student self-management and organisational skills;
- Praise students descriptively when they are on task and productive.

Cowley lists 5 specific 'Basics of Behaviour Management' for the classroom. While these relate to all classroom situations, and not specifically to students with AD/HD, they are equally of value in dealing with students with specific disabilities or emotional disorders. They are:

1. Be definite - say to yourself / your students: *'I know what I want'*
2. Be aware- say to yourself / your students: *'I know what will happen if I don't get what I want'*
3. Be calm and consistent- say to yourself / your students: *'I'm always polite and fair to you'*
4. Give them structure- say to yourself / your students: *'I know where we're going'*
5. Be positive- say to yourself / your students: *'You're doing great'*

In particular, her tips for staying positive are worth noting:

- Always greet your class with a positive expectation, such as 'I just know you're going to do some fantastic work today';
- Expect the best from your students, rather than anticipating the worst;
- Frame everything you say in a positive light;
- Try to avoid accusing your students or criticising them;
- Never use sarcasm;
- React to misbehaviour by suggesting a positive alternative;
- Use individual praise to encourage the whole class;
- Use rewards in preference to sanctions as far as possible;
- Constantly set targets to offer positive ways for your students to improve;
- See completion of targets as a chance to give a reward.





## Appendix 1: DSM-IV Diagnostic criteria for Attention-Deficit/Hyperactivity Disorder

A. Either (1) or (2):

(1) *inattention*: six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

- (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- (b) often has difficulty sustaining attention in tasks or play activities
- (c) often does not seem to listen when spoken to directly
- (d) often does not follow through on instructions and fails to finish school work, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- (e) often has difficulty organizing tasks and activities
- (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- (h) is often easily distracted by extraneous stimuli
- (i) is often forgetful in daily activities

(2) *hyperactivity-impulsivity*: six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

### Hyperactivity

- (a) often fidgets with hands or feet or squirms in seat
- (b) often leaves seat in classroom or in other situations in which remaining seated is expected
- (c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- (d) often has difficulty playing or engaging in leisure activities quietly
- (e) is often "on the go" or often acts as if "driven by a motor"
- (f) often talks excessively

### Impulsivity

- (g) often blurts out answers before questions have been completed
- (h) often has difficulty awaiting turn
- (i) often interrupts or intrudes on others (e.g., butts into conversations or games)

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

C. Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).

D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

E. The symptoms do not occur exclusively during the course of a pervasive Development Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood disorder, Anxiety Disorder, Dissociative Disorder, or a Personality disorder).

*Code based on type:*

**314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type:** if both Criteria A1 and A2 are met for the past 6 months

**314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type:** if Criterion A1 is met but Criterion A2 is not met for the past 6 months

**314.01 Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type:** if Criterion A2 is met but Criterion A1 is not met for the past 6 months

**Coding note:** For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, "In Partial Remission" should be specified.